

LAKE COUNTY GOVERNMENT
EDUCATION ASSISTANCE PROGRAM APPLICATION

Educational Assistance Program applications must be submitted prior to or upon class enrollment.

NAME _____ HIRE DATE: _____

DEPARTMENT _____ DIVISION _____

JOB TITLE _____

COURSE TITLE _____

NAME OF COLLEGE OR UNIVERSITY _____

COURSE CODE _____ NUMBER OF CREDIT HOURS _____

DATE CLASS BEGINS _____ DATE CLASS ENDS _____

(ATTACH COURSE DESCRIPTION OR DEGREE REQUIREMENTS FROM CATALOG)

Describe how this course work or degree will improve your skills or increase your knowledge and abilities to a degree which will result in a high level of performance.

Will you or have you received any funds in connection with this course through any Grant in aid or scholarship either federal, state or local program? Yes No

EMPLOYEE SIGNATURE _____ DATE _____

By my signature I verify I have been employed by the Board of County Commissioners for one full year in a regular full time position. I agree to re-pay any expenses reimbursed in the event of separation for any reason other than medical/disability if the separation occurs within twelve months of the reimbursement.

DIVISION MANAGER APPROVAL

DEPARTMENT DIRECTOR APPROVAL

Reimbursements are made for a total of ten credits per fiscal year. Only grades of "C" or better are reimbursed. If the employee receives an "A" books are reimbursed. Any amount to be reimbursed including lab fees must be accompanied by a receipt or official record of grade. The dollar value of tuition reimbursement will not exceed the rate of undergraduate tuition set by the University of Central Florida.

OFFICE OF EMPLOYEE SERVICES:

SIGNATURE OF ES STAFF

DATE

APPROVED

☐

DENIED*

☐

* REASON DENIED: _____

Have there been previous reimbursements to this employee this fiscal year?

YES

NO

Will this reimbursement be in excess of the total allotment for reimbursement?

YES

NO